U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved
Office of Management
and Budget
No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8076	2. Fiscal Year Covered From:			
	1 / 1 / 2004 Through: 12 / 31 / 2004			
3. Name and address of person filing.	4. Name, file number, and address of labor organization.			
Name Megan N Inaba	Name National Basketball Players Association			
	Labor Organization File Number 068-015			
P.O. Box, Bldg., Room No., if any Suite 2430	P.O. Box, Building and Room Number, if any Suite 2430			
P.O. Box, Bidg., Room No., If any Suite 2430	Suite 2430			
Street 2 Penn Plaza,	Street 2 Penn Plaza,			
City New York	City New York			
State New York ZIP Code + 4 10121	State New York ZIP Code + 4 10121			
5. Position in labor organization. Director of Events and Spo	manrahina			
Enter appropriate data below If, during the past fiscal year, you or your	spouse or minor child directly or indirectly had any of the following interests			
(except as specified in the e	exclusions set forth in the instructions):			
A. Held an interest in, engaged in transactions (including loans) with	and all the state of the state			
monetary value from an employer whose employees your organi	i, or derived income or other economic benefit of ization represents or is actively seeking to represent.			
monetary value from an employer whose employees your organi	7.a. Nature of Interest, Transaction, or Income.			
monetary value from an employer whose employees your organi	ization represents or is actively seeking to represent.			
monetary value from an employer whose employees your organi 6. Name and address of Employer (including trade name, if any).	ization represents or is actively seeking to represent.			
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monetary value from an employer whose employees your organi 3. Name and address of Employer (including trade name, if any). Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.			
nonetary value from an employer whose employees your organi Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.			
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nonetary value from an employer whose employees your organi 5. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income.			
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nonetary value from an employer whose employees your organics. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Signature ty of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the			
monetary value from an employer whose employees your organi 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 15. Signature and verification. The undersigned declares, under penalt submitted in this report (including the information contained in any accomp	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. Signature ty of Perjury and other applicable penalties of the law, that all of the information panying documents), has been examined by the signatory and is, to the best of the			

Name of Person Filing Megan Inaba	File Number U-	add ad normal and a distributed of the second					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.							
8. Name and address of Business (including trade name, if any). Name Dewey Ballentine LLP Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 1301 Ave. of the Americas City NY State New York ZIP Code + 4 10019-6092 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	9. Business deals with: X a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing. Legal Counsel 11.b. Approximate dollar value of such dealing. \$65,000 12.a. Nature of interest held or income received. Golf Outing						
P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4							
	12.b. Amount,	\$100					
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.							
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment.						
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.						

Name of Person Filing Megan	Inaba		File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

	9. Business deals with:		
8. Name and address of Business (including trade name, if any).	3. Dualitess deals with.		
Name Davidoff Malito and Hutcher LLP			
	a. Labor Organization		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	b. Trust		
Section of the modern than the control of the modern than the control of the modern against again the great section of	c. Employer		
Street 605 Third Ave.			
City New York			
State New York ZIP Code + 4 10158			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Legal Counsel		
Neme			
Trade Name, if any:			
D.O. Pary Didg. Passes No. if any			
P.O. Box, Bldg., Room No., if any			
Street		:	
City		The second secon	
City			
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$65,000	
	12.a. Nature of interest held or income received.		
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		V	
		des consideration	
		Additional North	
		ado a of Adom	
		and the Providence	
	12.b. Amount.	\$125	